coner's citation of effect of splenectomy on blood platelets is very interesting. Barrow of Los Angeles recently called my attention to the discovery of certain intestinal protozoa in two cases of erythema multiforme. Frost and Rowe have both emphasized the intimate relation of internal medicine to these dermatoses.

SKIN SYPHILIS ASSOCIATED WITH INFLAMMATORY SKIN DISEASES *

(A REPORT OF THREE CASES)

By KENDAL P. FROST, M. D., Los Angeles.

The factors underlying active syphilitic processes have been much discussed of late. Moore and others have added considerably to the spirachete strain idea. Klauder has written concerning the determination of late syphilitic lesions by trauma. It has long been recognized that trauma plays a large part in localizing syphilitic process. This is true of the skin as well as the organic manifestations of the disease. Inflammatory processes directly preceding syphilitic processes are not uncommon.

Three cases have come under observation in which an inflammatory skin condition closely preceded and apparently excited the development of cutaneous syphilis and seemed to a certain extent to determine the type of the syphilitic lesions.

Case I—Miss N. K., 26 years of age, white. Had had trychophytosis corporis and was cured except for one lesion on the chin which had not yielded to treatment. She was referred for a diagnosis of this lesion. It was a somewhat boggy, inflammatory node about 2 cm. by 3 cm. on the side of the chin. The Wassermann reaction was negative. There was no history of previous manifestation of lues, and the history otherwise was negative. Soothing applications were made to this lesion, and after about two weeks it assumed the appearance of a typical circinate nodular syphilide. Three-tenths gms. arsphenamine was given, and a week later the lesion was healed.

Case II—Male, age 35. This man had been diagnosed as luetic about a year previous on the basis of a weak positive Wassermann reaction. He received a small amount of treatment then. Under our observation, the evidence did not seem sufficient for a diagnosis of syphilis, repeated Wassermann reactions being negative, and no signs were found on physical examination. He had a troublesome herpes progenitalis, and during treatment for that developed an epidermophyton infection on the sole of the foot, from which fungi were demonstrated microscopically. He was given a Whitfield ointment and returned a week later with a small, punched-out ulcer at the site of each group of vesicles in the infected area. The Wassermann reaction taken then was positive. The ulcers and the herpes healed rapidly under antisyphilitic treatment.

Case III—Mexican woman, age 28, married. Good history not obtainable on account of language difficulties. The skin trouble had been present for several years and occupied the bridge of the nose and the upper cheeks. The lesion on first glance was a typical lupus erythematosis of the butterfly type. On closer observation small nodules and deep pitted scars were seen, especially in the margin. Her Wassermann reaction was positive. Under treatment the nodular portion quickly healed and the inflammatory part remained active to a slight degree for some time, although it eventually healed under no other medication or treatment than the anti-luetic. In this case there is some possibility that the entire process is syphilitic, but the fact that it healed over a period of some months lends strength to a diagnosis of lupus erythematosis associated with syphilis.

As short a series of cases as this proves nothing. They are presented merely for the purpose of recording them and drawing attention to the fact that local inflammatory processes may produce a locus minoris resistenciae wherein latent syphilis may become active.

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DISCUSSION

Ernest Dwight Chipman (391 Sutter Street, San Francisco) — The cases recorded by Frost are extremely suggestive. They agree with what all of us must have observed, viz., that traumatism may undoubtedly be the determining factor in the outbreak of lesions in syphilitic subjects.

I have recently treated a serpiginous ulcer of the leg in an individual who, for twenty years, has had an infection with no clinical signs, but in whom a blow on the shins caused typical syphilitic lesions.

The doctrine that traumatism may evoke specific reactions is probably capable of extension to include non-specific reactions as well. It seems possible that certain dermatoses classed as eczema, dermatitis, etc., sometimes occur more readily in subjects with a specific history, the determining causes probably being those trivial traumata of every-day wear and tear which would give rise to no reaction in one with no underlying syphilitic taint.

Harry E. Alderson (240 Stockton Street, San Francisco) — Frost's case reports and observations are most interesting and bring up questions of great practical importance. As Chipman well says, we often see late syphilides occurring at the site of traumatism. And these traumata need not always be severe, but repeated often they have their effect.

Where lues is acute, that is, in the earliest stages with extensive generalized distribution of the treponemata pallidae, local heat or chemical or other irritation may produce intensification of the secondary eruption in local areas. These cases and the late cases where local infection or trauma excite the appearance of syphilides in situ bring up questions of importance from an industrial standpoint. One occasionally has to decide whether or not a late syphilide occurring at the site of trauma sustained by a worker entitles the victim to care and compensation by the insurance carrier.

Analogous to this effect of local impaired resistance in favoring the development of syphilides is the apparently selective action of the treponemata pallidae in producing visceral complications. This is seen in the common occurrence of cerebrospinal lues in the mentally active Caucasian, as compared with its rarity in the native African; in nervous and cardiovascular syphilis in alcoholics, in cardiovascular involvement in those who indulge in hard physical labor and in tobacco to excess.

Roentgenologic Examination of the Gall-bladder—Preliminary report is made by Evarts A. Graham and Warren H. Cole, St. Louis (Journal A. M. A., February 23, 1924), of a new method utilizing the intravenous injection of the calcium salt of tetrabromphenolphthalein. No untoward effects have been observed in the human subject with the concentrations used. A dose of 0.1 gm. per kilogram, when injected into a human subject, was found sufficient to cast a shadow. At present, 6 gm. has been the largest dose used. Six grams of tetrabromphenolphthalein is mixed with 1.2 gm. of calcium hydroxid, ground in a mortar with a few cubic centimeters of water, and dissolved in from 325 to 350 cc. of distilled water. Addition of calcium lactate was found to produce a more stable solution and slightly increase its solubility. Therefore, a solution of 2 gm. of calcium lactate in a few cubic centimeters of water is added.